

County of Los Angeles - Department of Mental Health

Quality Improvement Work Plan Implementation Status Report

Dated October 4, 2012

Prepared by: Program Support Bureau, Quality Improvement Division

NAME OF REPORT:

MEDICATION SUPPORT SERVICES

QI IMPLEMENTATION STATUS REPORT

During 2012, the MHP reviewed and revised a number of County of Los Angeles Department of Mental Health Policies and Parameters regarding medications. Use of Psychotropic Medications in Children and Adolescents, suggested best practices and standards, was revised on March 21, 2012. Treatment provided outside the parametric elements provided by this guide requires special justification or consultation and subsequent documentation in the medical record. Parameters for Psychiatric Consultation 2.10 were established on May 21, 2012. This new parameter provides definitions for direct consultation, indirect consultation, and E-consultation, specifying roles and documentation considerations. Policy 202.14, Management of Aggressive Client Behavior in Settings without Lanterman-Petris-Short (LPS) Designation was revised on August 2, 2012.

During 2012, the Office of the Medical Director (OMD) completed peer review of all consumers prescribed 6 or more psychotropic medications and initiated peer review of all consumers prescribed 5 psychotropic medications. During 2012, the Office of the Medical Director hired a new Director of Pharmacy Services, Dr. Russell Kim; and identified a Medical Director for Telemental Health, Dr. Ricardo Mendoza.

Summary of Findings

In order to facilitate implementation of the newly revised Policies and Parameters, all have been distributed and posted to the LAC-DMH website for easy access and reference.

Action Requested/Needed

1. LAC-DMH shall regularly measure performance against important components of the DMH clinical parameters. Monitoring and analysis is used to improve practitioner performance, revise the guidelines, and enhance clinical decision-making.
2. All parameters related to the use of psychoactive medications shall be incorporated into existing medication monitoring standards and procedures.

3. Existing methods of monitoring and quality improvement will be utilized where appropriate. These methods include, but are not limited to, supervision, medication monitoring, peer review, and site visits.